Improving Adherence to Blood Pressure Guidelines Barry Carter, PharmD

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BACKGROUND / RATIONALE:

Blood pressure (BP) control in the U.S. is poor despite six sets of guidelines generated over the last 30 years. Poor adherence to guidelines may be due to inadequate systems to track and monitor patients and inadequate therapy adjustments by physicians. While various strategies exist to assist physicians with improving guideline adherence and achieving better BP control, a consistently effective approach to solving the problem has not been found. The long-range goal of the principal investigator is to develop and evaluate collaborative relationships between physicians and pharmacists that improve pharmacotherapy. This will be a five-year, multi-center, study to evaluate the impact of physician/pharmacist collaborative teams on adherence to hypertension guidelines (JNC-VI) in six community-based family practice sites.

OBJECTIVE(S):

The specific aims of Phase I are to: 1) identify the scope and nature of physician and patient variables that may contribute to poor guideline adherence and 2) to refine the intervention implementation strategy and design tools for assessing guideline adherence and barriers to adherence. The specific aims of Phase II are: 1) to determine if there is a change in guideline adherence and knowledge of hypertension when physicians are involved in physician/pharmacist teams and 2) to determine if physician/pharmacist teams can achieve better BP control compared to usual care.

METHODS:

There will be two study phases. Phase-I comprises a needs assessment to identify barriers to guideline adherence and design intervention implementation refinement strategies. Phase-II will be a prospective, randomized trial to assess the impact of physician/pharmacist collaborative teams on hypertension guideline adherence and BP control.

FINDINGS / RESULTS:

We expect that the improvement in guideline adherence and reduction in BP with this intervention will significantly impact patients with hypertension.

STATUS:

Data collection is ongoing.

IMPACT:

Because there are more than 37 million Americans with uncontrolled hypertension, this model has to potential to become an important strategy to help achieve the BP goals for Healthy People 2010.

PUBLICATIONS:

None at this time.